



## Application for Change/Transfer of Water Right

For Ecology Use  
(Date Stamp)  
**RECEIVED**  
**DEC 18 2012**

For filing with the Department of Ecology or with County Conservancy Boards

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☒ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL  
SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

### FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 12-18-12  
CHECK NO. 4979 FEE \$ 50.00  
DATE ACCEPTED \_\_\_\_\_ BY KR  
CHANGE NO. C93-1376505 CL  
COUNTY Grant WRIA 4  
SPECIAL AREA GGWMS  
SEPA: ☒ EXEMPT ☐ NOT EXEMPT  
ECY CODING: 001-002-WR10285-000011  
APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_

*12/20/2012  
Requires  
additional  
fee  
900gpm=\$100  
-KR*

☒ I have participated in a pre-application conference with Ecology.

### 1. Applicant Information

APPLICANT/BUSINESS NAME <u>Joe A + Lorip. Garro</u>	PHONE NO. <u>750-1807</u>	FAX NO.
ADDRESS <u>PO Box 1396</u>		
CITY <u>Moses Lake</u>	STATE <u>WA</u>	ZIP CODE <u>98837</u>
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Same</u>	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

### 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>G3-1376505 CL</u>	RECORDED NAME(S) <u>Claire Hansen</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established.  
Also, if you have a water system plan or conservation plan, please include a copy with your application.



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
1 well	1		NW	26	19	27		
			47.11	234°		119.40	173°	

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
TBD			SE	6	18	28	160270000	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IR	900	900	March 1 - Nov 1

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IR	900	540	March 1 - Nov 1

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

NW								
----	--	--	--	--	--	--	--	--

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	NW	26	19	27	Grant		135

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

SE 6-18-26							
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¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
	SE	6	18	26		160270000	135

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_

13504pm  
900 1clm  
450 2clm



**6. Remarks and Other Relevant Information:**

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

**7. Signatures:**

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

+ Joe A Garro  
Applicant Printed Name - Title  
Lori P. Garro  
Water Right Holder Printed Name

[Signature]  
Applicant Signature  
Lori P. Garro  
Water Right Holder Signature

  /  /    
(Date)  
12/18/12  
(Date)

\_\_\_\_\_  
Land Owner of Existing Place of Use Printed Name

\_\_\_\_\_  
Land Owner of Existing Place of Use Signature

  /  /    
(Date)

\_\_\_\_\_  
Land Owner of Proposed Place of Use Printed Name

\_\_\_\_\_  
Land Owner of Proposed Place of Use Signature

  /  /    
(Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

**WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):**

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



**ATTACHMENT FOR  
Application for Change/Transfer of Water Right**

**Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:**

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

**Purpose(s) of Use - ☐ Existing ☐ Proposed:**

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

**Place of Use - ☐ Existing ☐ Proposed:**

<b>LEGAL DESCRIPTION OF LANDS</b>							

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_